

Exhibit "A"

BASHEIN & BASHEIN CO., L.P.A.
Terminal Tower, 35th Floor
50 Public Square
Cleveland, Ohio 44113
(216) 771-3239

DISBURSEMENT SHEET

CLIENT: Eric Henry

CO-COUNSEL: Frank Zobec (33⅓% of total attorney fees)

| | |
|----------------------------------|--------------|
| AMOUNT RECEIVED..... | \$425,000.00 |
| Less Attorney's Fees at 40%..... | \$170,000.00 |
| Adjusted Gross Award..... | \$255,000.00 |

PREPAID LITIGATION EXPENSES

| | |
|------------------------------------|----------------|
| Ciox Health | 217.01 |
| Medinform | 19.50 |
| IOD, Inc. | 53.85 |
| Cuyahoga County Common Pleas Court | 268.95 |
| Avalon Document Service | 55.60 |
| Judge Joseph Gibson (Mediator) | 2,916.66 |
| Copying and postage | <u>27.50</u> |
| Total Expenses | \$3,559.07 |

MEDICAL LIENS

| | |
|--|------------------|
| Bureau of Workers Compensation (reduced) | \$30,000.00 |
| NET | \$221,440.93 |

I understand that it will be my responsibility to report these funds to any of the following agencies from which I receive any monies: Public Assistance, Medicare, Medicaid, Social Security Disability, Supplemental Security Income, or special disability pensions. I acknowledge receipt of this information and agree to make the necessary disclosure as required by the benefits program in which I am participating. I further understand that I am responsible for any of my unpaid medical bills not being held out of these funds and further that I am responsible for any and all subrogation and/or reimbursement claims by any health insurance company, including the Bureau of Workers' Compensation, Medicare and/or Medicaid not being held out above. I hereby approve of payments listed herein, and acknowledge receipt thereof

Client's Signature: _____ Date: _____

Attorney's Signature: _____ Date: _____

Attorney's Signature: _____ Date: _____